

CITY OF OCEANSIDE

SCHEDULE B CLIENT(S) INFORMATION

(Firm) N	Name:			
LOBBYIST REGISTRATION FORM		Page	of	
Client Information Report each client for which you were retaine compensation for providing lobbying services	:	are entitled to receiventation began:		
Name of Client		(Area Code) Telephone		
Business Name		Nature of Business		
Business Address: (Number and Street)	(City)	(State)	(Zip Code)	
Describe legislative or administrative action(s) tha client:	t the lobbyist is see	king to influence on b	ehalf of this	
List each lobbyist assigned to lobby on behalf of this cli	ent: 			
	Date represe	entation began:		
Name of Client		(Area Code) Telephone		
Business Name		Nature of Business	3	
Business Address: (Number and Street) Describe legislative or administrative action(s) tha client:	(City)	(State) king to influence on b	(Zip Code) behalf of this	
List each lobbyist assigned to lobby on behalf of this cli	ent:			
Check box if additional Schedule B-client infor	mation pages are atta	ched.		